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**FEC** 

## STATEMENT OF

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FORM 1		ORGA	Office Use Only							
NAME OF COMMITTEE (in full)		X (Check if name Example: If typing, type over the lines.				12FE4M5				
Friends of	David	Bellavia								
ADDRESS (number and street)  (Check if address is changed)		8351 Lewiston Roa Box 301, Suite 7	ad			NY I	,14020			
						IVI	11020			
COMMITTEE'S E-MA  X (Check if is change)  COMMITTEE'S WEB  X (Check if is change)	address d) PAGE ADD address d)	levinmdavid@gma	ail.com	il address)						
<ol> <li>DATE 03</li> <li>FEC IDENTIFIC</li> </ol>		2012	C C004	93916						
4. IS THIS STATE!		NEW (N)	OR	× AMENDE	D (A)					
I certify that I have a	of Treasurer	David , NY, 12124		my knowledge and	l belief it is	s true, corre	ct and co	mplete.	Y Y	Y
Signature of Treasure	David , I	NY, 12124 Levin		[Electronically	Filed]	oate 0	3	27	201	2
NOTE: Submission of	false, errone	ous, or incomplete inf	ormation may	subject the person	signing this	Statement	to the pen	alties of 2	U.S.C.	§437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

l U:	ice se nly				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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